

DGS RECORDS MANAGEMENT DIVISION		Schedule #2345
RECORDS RETENTION AND DISPOSAL SCHEDULE		Page 1 of 2
<p align="center">DEPARTMENT OF HEALTH AND MENTAL HYGIENE DHMH RESIDENTIAL FACILITIES</p>		
THIS SCHEDULE SUPERSEDES SCHEDULES 1421, 1421A, AND 1660.		
	DESCRIPTION	RETENTION
1	<p>Residents Master Records Series includes the resident's identification data, authority for admission, personal effects inventory, legal and administrative documents, psychological and medical records, consultation reports, education records, disciplinary notes, authorizations and consents, correspondence, includes both paper and electronic formats. See item 5 for financial records.</p> <p>Medical records in this records series must be maintained in the original format unless otherwise noted.</p>	<p>1a. Adult Residents - Retain for six (6) years after discharge and until all audit requirements are met, then destroy, unless categories below apply.</p> <p>1b. Children /adolescent Residents-Retain for six (6) years after discharge, or until resident is twenty-one (21), whichever is longer, and until all audit requirements are met, then destroy unless category below applies.</p> <p>1c. "Regulation D" Clients- medical records of clients in observation who are discharged or released before a hearing. Retain records for six (6) years or until individual is 21, whichever is longer and until all audit requirements are met, then destroy.</p> <p>Note: Medical records may be scanned or microfilmed six (6) years after resident is discharged. After copy verification, original paper records may be destroyed.</p>
2	<p>RESIDENTS MASTER INDEX (Card) includes resident name, address, birth date, resident ID number, admission and discharge dates, parent/guardian, etc.</p>	<p>2. Retain permanently. Transfer periodically to State Archives.</p>
3	<p>DEATH/DISCHARGE SUMMARY includes reason for admission, history, physical exam, significant findings, procedures performed, services rendered, progress during residency, discharge notes, condition on discharge, autopsy report, cause of death, and death certificate, as appropriate.</p>	<p>3. Retain permanently. Transfer periodically to State Archives.</p>
APPROVED:(DHMH Official) DATE: MAY 24 2005 SIGNATURE: <i>Michele Gourdine</i> Michele Gourdine, M.D., Deputy Secretary-Public Health Services		AUTHORIZED:(State Archives) DATE: JUL 11 2005 SIGNATURE: <i>Edward C. Papenfuss Jr.</i> Edward C Papenfuss Jr, Maryland State Archivist

RECORDS RETENTION AND DISPOSAL SCHEDULE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DHMH RESIDENTIAL FACILITIES

	DESCRIPTION	RETENTION
4	INCIDENT REPORTS ON RESIDENTS - Accidents, altercations, allegations of abuse, unexplained injuries, etc.	4. Retain six (6) years after discharge or until resident is twenty-one (21) , whichever is greater, and then destroy.
5	Resident's Financial Records Series Including insurance information, social security application, Medicare information, Medicaid information, release of information forms, income eligibility and financial support forms, invoice/payment transaction history, financial agreements, etc.	5. Retain active records in office. Upon death or discharge, hold in office for one (1) year . Transfer to storage for three (3) years and until all audit requirements are met, then destroy.
6	Resident's Personal Funds Account Includes account deposit and withdrawal history, copy of periodic statements to patient/trustee, bank account information, Social Security information, power of attorney for financial matters, correspondence, etc.	6. Retain active records in office. Upon death or discharge, move to inactive, hold in office for one (1) year . Transfer to storage for three (3) years and until all audit requirements are met, then destroy

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY PAGE ____ OF ____	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division <i>Public Health</i>		3. Unit or Section <i>Residential Facilities</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>ITEM 5</i> <i>Resident Financial Records Series</i>				5. Earliest Year/Latest Year <i>Varies</i> _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>insurance info, SS appl., Medicare/Medicaid ID & applications</i> <i>release of info forms, income eligibility & financial support forms.</i> <i>invoice payment history, financial agreements -</i> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 10px;"> <i>FACILITY Records -</i> <i>not Financial Agents</i> </div>					
7. Record Series Format(s) <i>Varies</i> <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <i>Varies</i> <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> Boxes <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number _____			
13. Current Location(s) (Bldg., Floor, Room) <i>All 17 Residential Facilities</i>		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Access Restrictions <i>Personal / Medical, etc.</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>SSN, etc.</i> (If Yes, cite Law(s) & Regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Recommended Retention <i>Keep active in office.</i> <i>death/discharge -> inactive -</i> <i>then, 1 yr in office / 3 yrs storage</i>			
19. Name and Title of Preparer <i>T. Krawitz</i>		20. Room Number Telephone Number _____		21. Date <i>5/24/05</i>	

General Schedule for all Residential Facilities

<p>DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>AGENCY RECORDS INVENTORY</p> <p>PAGE ____ OF ____</p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Division Public Health</p>		<p>3. Unit or Section Residential FACILITIES</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title ITEM 9 Residents' Personal Funds Account</p>				<p>5. Earliest Year/Latest Year varies _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>Residents' cash accounts at the facilities include deposits/withdrawal history, statements, bank account info, financial agreements (power of attorney), Social Security info, correspondence, etc.</p>					
<p>7. Record Series Format(s)</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume <input checked="" type="checkbox"/> Boxes</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p>		<p>12. File Becomes Inactive After <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p> <p>Number death/discharge/withdrawal</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) All DHMH Residential Facilities</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>15. Access Restrictions Personal/Medical, etc. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SSN, etc.</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>		<p>16. Audit Requirements Yes</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No by NAME</p>		<p>18. Recommended Retention Keep active in office - at death/discharge - move to inactive. Return 1 year/office - 3 yrs storage.</p>			
<p>19. Name and Title of Preparer T. Krawitz</p>		<p>20. Room Number Telephone Number</p>		<p>21. Date 5/24/05</p>	